



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 2728

|   |   |   |                        |                                |
|---|---|---|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/617,166   | FILING DATE<br>07/09/2003<br><br>RULE   | CLASS<br>222  | GROUP ART UNIT<br>3754 | ATTORNEY DOCKET NO.<br>YEAR102 |
| <b>APPLICANTS</b><br><br>Rourke M. Yeakley, Eagle, ID;  |   |   |                        |                                |
| <b>** CONTINUING DATA</b> <i>None EK 28 SEP 2005</i>  |   |   |                        |                                |
| <b>** FOREIGN APPLICATIONS</b> <i>None EK 28 SEP 2005</i>   |   |   |                        |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 10/03/2003                                       |   | ** SMALL ENTITY **  |                        |                                |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY ID  | SHEETS<br>DRAWING 3    | TOTAL CLAIMS 17                |
| Verified and Acknowledged<br>Examiner's Signature <i>Frank J. Dykas</i> Initials <i>EP</i>                | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Mbo after Allowance  | INDEPENDENT   | CLAIMS 3               | CLAIMS 3                       |
| <b>ADDRESS</b><br>FRANK J. DYKAS<br>DYKAS, SHAVER & NIPPER, LLP<br>PO BOX 877<br>BOISE , ID<br>83701-0877 |   |   |                        |                                |
| <b>TITLE</b><br>Pre-dosed oral liquid medication dispensing system  |   |   |                        |                                |
| FILING FEE<br>RECEIVED<br>375   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                |